

IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF RADIOLOGICAL HEALTH
Lucas State Office Building, 5th Floor,
321 East 12th Street, Des Moines, IA 50319

**INITIAL APPLICATION FOR
MEDICAL PHYSICIST REGISTRATION**

39.3(3) of the Iowa Radiation Machines and Radioactive Materials Rules requires registration of each person who is engaged in the business of installing or offering to install radiation machines or is engaged in the business of furnishing or offering to furnish radiation machine servicing or services in Iowa. This includes radiation protection or health physics consultations or surveys. **Each medical physicist must be registered individually.**

Please submit this application and any supporting documentation required below to the IDPH along with the appropriate fee. Call 515/281-0419 for therapy or 515/281-0405 for mammography if you have questions.

_____ Name of the medical physicist (print or type)		_____ Business Name	
_____ Business address, city, state, and zip code			
_____ Business e-mail address		_____ Business phone number	_____ Business fax

1. Radiation Therapy Physicist

PLEASE CHECK THE APPROPRIATE BOX(ES) (AT LEAST ONE) AND PROVIDE THE SUPPORTING DOCUMENTATION.

- ☐ Currently certified by the American Board of Radiology in:
- ☐ Therapeutic radiological physics
 - ☐ Roentgen-ray and gamma-ray physics
 - ☐ X-ray and radium physics
 - ☐ Radiological physics
- ☐ Currently certified by the American Board of Medical Physics in radiation oncology physics
- ☐ Currently certified by the Canadian College of Physicists in Medicine
- ☐ Request to qualify under 641-41.3(6)"e"
- a. hold a master's or doctor's degree in physics, biophysics, radiological physics, or health physics;
 - b. have completed one year of full-time training in therapeutic radiological physics;
 - c. and have one year full-time work experience under the supervision of a radiation therapy physicist at a medical institution.
- All experience shall have been performed under the supervision of a radiation therapy physicist already meeting these requirements.

Submit documentation to verify all your answers.

2. Mammography Medical Physicist

PLEASE CHECK THE APPROPRIATE BOX(ES) AND PROVIDE THE SUPPORTING DOCUMENTATION. COMPLETE ONE SECTION ONLY (A-C).

ABR Certification ☐ Yes ☐ No Area of Certification: _____

2A:

please check

- ☐ Yes ☐ No I have a Ph.D. in a physical science.
If answered no, please go to the Section B.
If answered yes, complete the following questions in this section.
- ☐ Yes ☐ No I have at least 20 hours of college level physics
- ☐ Yes ☐ No I have at least 20 contact hours of documented specialized training in conducting surveys of mammography facilities.
- ☐ Yes ☐ No I have the experience of conducting surveys of at least one (1) mammography facility and a total of at least 10 mammography units.

I have the following Continuing Education and Experience:

- ☐ Yes ☐ No 15 Continuing Education Units in the past 36 months.
- ☐ Yes ☐ No Surveyed two (2) mammography facilities in the past 24 months.
- ☐ Yes ☐ No Surveyed six (6) mammography units in the past 24 months.

2B:

please check

- ☐ Yes ☐ No I have a Masters Degree in a physical science.
If answered no, please go to the Section C.
If answered yes, complete the following questions in this section.
- ☐ Yes ☐ No I have at least 20 hours of college level physics
- ☐ Yes ☐ No I have at least 20 contact hours of documented specialized training in conducting surveys of mammography facilities.
- ☐ Yes ☐ No I have the experience of conducting surveys of at least one (1) mammography facility and a total of at least 10 mammography units.

I have the following Continuing Education and Experience:

- ☐ Yes ☐ No 15 Continuing Education Units in the past 36 months.
- ☐ Yes ☐ No Surveyed two (2) mammography facilities in the past 24 months.
- ☐ Yes ☐ No Surveyed six (6) mammography units in the past 24 months.

2C:

please check

- ☐ Yes ☐ No I have a Bachelor's Degree in a physical science
If answered yes, complete the following questions in this section.
- ☐ Yes ☐ No I have at least 10 hours of college level physics
- ☐ Yes ☐ No I have at least 40 contact hours of documented specialized training in conducting surveys of mammography facilities.
- ☐ Yes ☐ No I have the experience of conducting surveys of at least one (1) mammography facility and a total of at least 20 mammography units.

I have the following Continuing Education and Experience:

- ☐ Yes ☐ No 15 Continuing Education Units in the past 36 months.
- ☐ Yes ☐ No Surveyed two (2) mammography facilities in the past 24 months.
- ☐ Yes ☐ No Surveyed six (6) mammography units in the past 24 months.

Submit documentation to verify all your answers.

3. Stereotactically Guided Breast Biopsy Medical Physicist

PLEASE CHECK THE APPROPRIATE BOX(ES) AND PROVIDE THE SUPPORTING DOCUMENTATION. COMPLETE ONE SECTION ONLY (A OR B)

☐ Yes ☐ No I meet the initial requirements for a Mammography Medical Physicist in section 2.

3A:

please check

☐ Yes ☐ No Prior to July 1, 1998, have performed three hands-on Stereotactic breast biopsy physics surveys

I have the following Continuing Education and Experience:

☐ Yes ☐ No 3 Continuing Education Units in the past 36 months.
☐ Yes ☐ No Surveyed 1 stereotactic unit in the past 12 months.

3B:

please check

☐ Yes ☐ No Have performed one hands-on Stereotactic breast biopsy physics survey under the guidance of a qualified medical physicist.

I have the following Continuing Education and Experience:

☐ Yes ☐ No 3 Continuing Education Units in the past 36 months.
☐ Yes ☐ No Surveyed 1 stereotactic unit in the past 12 months.

Submit documentation to verify all your answers.

FEES:

Section 1	Radiation therapy physicist	\$100	_____
Section 2	Mammography physicist	\$ 40	_____
Section 2 & 3	Mammography and stereotactically-guided breast biopsy physicist	\$ 40	_____
Total fee in a check or money order made payable to the IDPH			_____

Social Security number: _____

Privacy Act Notice: Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

1. Do you have a medical condition(s) which in any way impair or limit your ability to perform as a medical physicist? "Medical condition" means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. ☐ yes ☐ no
If yes, provide a description of your condition and submit a letter from a physician stating that your condition will not affect your ability to perform as a medical physicist.
2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substance? ☐ yes ☐ no
If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement that your condition will not affect your ability to perform as a medical physicist.
3. Have you ever been convicted of, or entered a pleas of no contest to a misdemeanor or felony? (other than minor traffic violations with fines under \$100). You must answer "yes" even if the matter has been expunged from the record. ☐ yes ☐ no
If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.
4. Has any state or jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license or certification issued to you? ☐ yes ☐ no
If yes, include date, location, reason, current status, etc.
5. Have any judgments or settlements been paid on your behalf as a result of any professional liability case? ☐ yes ☐ no
If yes, include the date, location, reason, resolution, etc.
6. Have any professional suits ever been filed against you as a result of your performance as a medical physicist? ☐ yes ☐ no
If yes, include the date, location, reason, resolutions, etc.
7. Have you ever had a license or permit suspended or revoked from a state or certification body? ☐ yes ☐ no
If yes, provide a description of the circumstances.

I understand this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. I have read and understand the requirements of the Iowa Rules. The information provided in this application is true to the best of my knowledge. I will notify the IDPH immediately of any changes in this application. I understand that providing false documents in this application will result in revocation of this authorization for medical physicist services. Once approved, I will not perform services that are not specifically stated in this application or on the notice of registration that will be issued by the IDPH until given permission in writing by the IDPH.

Please return this application, any supporting documentation and the appropriate fee to the IDPH.

Signature of applicant

Date